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FISCAL IMPACT STATEMENT

LS 7643

BILL NUMBER: HB 1556

NOTE PREPARED: Jan 23, 2005

BILL AMENDED:

SUBJECT: Anatomical Gifts.

FIRST AUTHOR: Rep. Becker

FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: X **GENERAL**
DEDICATED
FEDERAL

IMPACT: Local

Summary of Legislation: This bill provides that the conditions for a coroner to release a donated cornea apply to other anatomical gifts. The bill allows procurement organizations to remove anatomical gifts. The bill also requires a coroner to confer with a procurement organization when an individual dies in a hospital and to document: (1) whether the anatomical gift has a useable life; and (2) the means to fulfill the donation. It makes conforming changes.

Effective Date: July 1, 2005.

Explanation of State Expenditures:

Explanation of State Revenues:

Explanation of Local Expenditures: This bill would add the Indiana Organ Procurement Organization (IOPO) to the list of persons allowed to remove anatomical gifts. Currently, the organ procurement organizations (OPOs) send teams to harvest useable organs and tissue to the morgue or hospital with which they have contracts. Not all hospitals in the state contract with the IOPO.

There are at least two other not-for-profit OPOs that operate in Indiana: the Life Center of Cincinnati provides services in the southeastern part of the state, and the Gift of Hope Donor Network of Elmhurst, IL, provides services in northwestern Indiana. This bill would require that, at least for coroner's cases, only IOPO would be contacted and allowed to harvest tissue or organs.

The Centers for Medicare and Medicaid Services (CMS) requirements stipulate that patient deaths or imminent

patient deaths be reported to the hospital's OPO and that a request for an organ donation be made by the OPO requestor or another specially trained person. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements are similar and require hospitals to have a contract with an OPO to meet accreditation standards. If the hospital also serves as the county morgue, the contract would either need to be changed or another contract with IOPO would need to be executed.

The Indiana Coroner's Association reports that coroners located in urban areas of the state probably would have few problems in complying with most of the requirements of the bill. Some of the counties that operate their own morgue may not currently contract with IOPO as the OPO providing services.

County coroners from small, rural counties may have more difficulty complying due to the lack of resources. Organ and tissue donation needs to occur within a limited time frame of about 6 hours after death. Coroners in rural areas may not have access to full-time pathologists who would be available to determine what tissue and organs may be harvested without destroying evidence needed for the coroner's investigation. Additionally, the bill requires the coroners to perform functions that these elected officials currently report they leave to the auspices of the hospital or the pathologists, such as contacting the OPOs or asking families for organ and tissue donations.

The bill also expands the purposes for which an anatomical gift may be used; from transplantation or therapy, to include other medical or medical research purposes. This provision is reported to reflect current practice.

Explanation of Local Revenues:

State Agencies Affected:

Local Agencies Affected: County coroners; County-owned hospitals.

Information Sources: "Health Care at the Crossroads: Strategies for Narrowing the Organ Donation Gap and Protecting Patients", a policy paper of the Joint Commission On the Accreditation of Healthcare Organizations at: <http://www.jcaho.org/about+us/public+policy+initiatives/organ+donation+white+paper>, and Gene Powlen, Cass County Coroner and President of the Indiana Coroner's Association, 574-722-5151.

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